## 110000132272

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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D. BRUCE

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**EXAMINER** 

## **COVER LETTER**

Division of Corp	orations							
SUBJECT:				ion Group				_
	Name of	Limite	ı Liabii	ity Compan	ıy			
Dear Sir or Madam:								
The enclosed Registered	Agent/Registered	Office (	Change	and fee(s) a	are submitted	for filin	g.	
Please return all corresp	ondence concerning	g this m	atter to	the following	ng:			
J	effrey Silver							
	ame of Person							
	Acquisition Group,	LLC		-				
Fi	rm/Company					<b>∑</b> er		
8461 Lake \	Worth Road, Suite	191				CCHE	11 NOV IL PH 3:	-
	Address			_		TARY ASSE	111	Ī
Lake \	North, FL 33467					E F	3	П
City/S	tate and Zip Code			_		TARY OF STATE ASSEE, FLORID	63 63	
jsilver@v E-mail address: (to be use	vellingtondebt.cor	n	•	_	•	Þ'''	•	
E-mail address: (to be use	d for future annual report	notificatio	on)					
For further information (	concerning this mat	ter, ple	ase call:	;				
Jeffrey S	Silver	_ at (_	561	)	837-332	!8		
Name of Per	son			Area Code & D	aytime Telephon	e Number		
STREET/COUR	ER ADDRESS:		MA	ILING ADI	DRESS:			
Registration Section		Registration Section						
Division of Corpor				ision of Corp				
Clifton Building		P.O. Box 6327						
2661 Executive Co	enter Circle		Tall	ahassee, Flor	rida 32314			
Tallahassee, Floric	la 32301							
Enclosed is a ch	eck for the followin	ng amo	unt:					
\$25 Filing Fee	,		\$5	5 Filing Fee	e & Certified	Сору		

TO: Registration Section

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	Wellington Acquisition Group, LLC
2. (a) Principal office address of limited liability of	company: 8461 Lake Worth Road, Ste 191
(Note: MUST BE STREET ADDRESS)	Lake Worth, FL 33467
(b) Mailing address of limited liability company	y: 8461 Lake Worth Road, Ste 191
(Note: MAY BE POST OFFICE BOX)	Lake Worth, FL 33467
12/29/2010	L10000132272
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:
Registered Agent:	Corporation Service Company
Registered Office Address:	1201 Hays Street Tallahassee, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRES</u> )	Jeffrey Silver  8461 Lake Worth Road, Suite 191
Signature of a member or authorized representative of a member  Jeffrey Silver  Printed or typed name of signee	der the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany.  Interpretate to act in this capacity. I further agree to the proper and complete performance of my duties, if my position as registered agent as provided for in the interpretate of the company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent